



CACFP Sponsored Adult Care Center (Site) Review Form Iowa Child and Adult Care Food Program

Recommended Form
Revised 6/2011
Sponsored Adult Care Center Site
Review Form

Requirement: Sponsors must adequately train, supervise and review sponsored centers (sites) to ensure that CACFP requirements are met. Written site reviews must be done and documented before CACFP participation, and 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, if 1-4 claims do 1 review. Review averaging option: Sites with 12 claims may receive 2, 3, or 4 reviews if the total number of reviews for all sites equals 3 times the number of total sites and the State is notified in the management plan that review averaging will be used. Review averaging cannot be used for sites with serious deficiencies. No more than 6 months may elapse between reviews, and no more than 9 months may elapse when 2 reviews are conducted, from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be at mealtime. Unannounced reviews must be conducted at varied intervals so sponsored center sites cannot predict when reviews will take place. *Centers may receive announced or unannounced visits at any time from any CACFP governmental official. Proper ID must be available from any review official.* Required review items are highlighted.

1. REVIEW INFORMATION Fiscal year reviews: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Review averaging: Y <input type="checkbox"/> N <input type="checkbox"/>						
Sponsor name: _____ Site name: _____						
THIS REVIEW: Date: _____ (Some items, marked with a ✓, may need to be completed before the review).						
Reviewer: _____ Arrival: _____ Departure: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/>						
✓ If visit is at meal time, list meal time submitted on site application to State Agency: _____						
• License/approval expiration date: _____ Capacity: _____						
• Was the center over capacity on the day of the review? Y <input type="checkbox"/> N <input type="checkbox"/>						
✓ Are enrollments updated annually? Y <input type="checkbox"/> N <input type="checkbox"/>						
• Are attendance records current? Y <input type="checkbox"/> N <input type="checkbox"/> If no, meals may not be claimed for participants not in recorded attendance and staff must be trained to ensure attendance records are current.						
• Is attendance recorded separately from meal counts? Y <input type="checkbox"/> N <input type="checkbox"/>						
✓ LAST REVIEW: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Date: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/>				Were there any required changes from the last review? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, record on back.		
Reviewer: _____ Meal observed last review: B A L P S E None				Were any serious deficiencies identified? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, the current review must be unannounced.)		
MISC. :						
✓ Is this review due to a block claim? Y <input type="checkbox"/> N <input type="checkbox"/>						
• Total daily attendance observed at this review: _____						
• Are participants signed in/out? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>						
2. MEAL OBSERVED: (circle) B A L P S E Non-Meal Visit Answer Y, N or n/a for each table.						
Enter table→						Comments
Was meal served within ½ hour of State approved time?						
Was meal adequately supervised?						
Was the meal served family style? If yes:						
• Was enough of each required food on table at beginning of meal for each person seated to have a full serving?						
If staff served food, were the required amounts on the plate (cup) at the beginning of the meal?						
Was mealtime atmosphere pleasant?						
Was an accurate meal count taken at mealtime?						

Record foods served and serving sizes or check if Non-Meal Visit <input type="checkbox"/>						
Meal Component	Food Served↓	Amount Served↓ (total or individual serving sizes)				
Milk			Did each participant receive the minimum required amount of food? Y <input type="checkbox"/> N <input type="checkbox"/>			
Meat/Meat Alt						
Grain/Bread			Were meal pattern requirements met? Y <input type="checkbox"/> N <input type="checkbox"/>			
Grain/Bread						
Fruit/Veg						
Fruit/Veg			Comments:			
Other						
Total served						
Attendance						
4. SAFETY/SANTATION			Yes	No	N/A	Comments
Do participants and staff wash hands before meals?						
Are can openers washed daily or when used?						
Are dining tables washed and sanitized before and after meals?						
Are the refrigerator(s) clean and at a temperature 32°-41°F?						
Are the freezer(s) clean and at a temperature of 0° F or below?						
Are disposable gloves or clean utensils used to directly handle food?						
Is the three step manual dishwashing procedure followed (wash, rinse, sanitize one minute in solution of 1T. bleach to 1 gallon of cool water; air dry).						
If a dishwasher is used, does it use chemical or heat sanitizing?						
If chemical sanitizing, does the wash temperature reach at least 120°F?						
If heat sanitizing, does the rinse temperature reach at least 160°F?						
Are transported foods kept at safe temperatures (<41°F, cold foods & >140°F, hot foods)?						
Is an appropriate sanitizer used on food contact surfaces? List: _____.						
If bleach is used for food contact surfaces, is it mixed properly (daily & 1 tsp./qt. water)?						
If bleach is used for dining room tables, is it mixed properly (daily & 1 T./qt. water)?						
Do food handlers wash hands before handling food & after touching anything unsanitary?						
Is food served at appropriate temperatures?						
Is food properly stored in refrigeration units and in dry storage areas (labeled, sealed, insect proof)?						
Are regular written cleaning schedules followed?						
Is a licensed pest control service used regularly?						
Are food storage areas free of pests, cleaning supplies and medicines?						
Are there any obvious fire, health or safety hazards observed in the center?						
5. CIVIL RIGHTS						
Is an "And Justice for All" civil rights poster on display in a public area?						
Are families given the "Building for the Future Brochure" upon enrollment?						
Are racial/ethnic data questions completed on enrollment forms? (Staff must complete if the individual or family did not record anything.)						
Have all staff at this site received annual Civil Rights training? (Training must be documented.)						
Are all allowed access to center services and are meals served equally to all participants regardless of race, color, sex, age, disability and national origin?						

6. RECORD KEEPING

FIVE-DAY RECONCILIATION: Compare the meal counts to attendance and enrollment information for five consecutive days using the center site's records for each meal type (B=breakfast, A=am snack, L=lunch, P=pm snack) claimed during the current or last claim month. Complete the reconciliation for 10% of the participants enrolled at the site (or a minimum of five participants). To claim meals for participants, they must be enrolled and recorded in attendance at the time meals are served. If participants are claimed when they are not enrolled or not in attendance, this is a discrepancy. The meals must be removed from the claim for reimbursement and a revised claim submitted, if applicable.

Participant's Name↓	Record Attendance Dates↓					Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Enrollment (Must be enrolled)	**Discrepancy Y <input type="checkbox"/> N <input type="checkbox"/>
	1	2	3	4	5	B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P		
Example	X	X	X	X	-	X	X	X		X	X			X	X	X		X	X	X		-	-	-			No-OK
1.																											
2.																											
3.																											
4.																											
5.																											
6.																											
7.																											
8.																											
9.																											
10.																											

	Yes	No	N/A	Comments
Are meal participation records up to date (recorded for the last meal served)?				
Are medical statements on file for participants who are unable to follow the CACFP meal pattern?				

7. MENUS AND FOOD PRODUCTION RECORDS

Are daily dated menus and food production records on file for all meals served?				
Are menus posted in the kitchen and in each room where food is served?				
Are meal substitutions recorded on menus & food production records? (Records should match.)				
Do menus offer a healthy variety of colors, flavors, textures, shapes, temperatures, familiar and new foods?				
Do menus include a daily serving of vitamin C food?				
Do menus include 3 or more servings of vitamin A foods per week?				
Do menus include fresh fruits and vegetables at least three times per week?				
Are sweets limited to twice per week a snack?				
Are sweets counted toward the grain/bread component at lunch?				
Are whole grains served at least half the time?				
Was a food production record completed for the observed meal and did it document that minimum required amounts of food were prepared?				
Are preserved, processed and higher fat meats and entrees limited to one serving/week?				
Is skim or 1% milk served to participants?				

8. TRAINING	Yes	No	N/A	Comments
Do key staff * have at least 1.5 hours of CACFP training prior to Program operations or within the last year, and enough to do duties correctly? (Staff may need more than 1.5 hours to correctly perform CACFP duties.)				

If no, list CACFP staff, training topics needed and when this will be provided: (List staff names, topics and dates)

9. TEAM NUTRITION

Do participants have several daily opportunities to learn about food, healthy eating and physical activity?				
Do participants have opportunities for physical activity?				
Do participants have weekly planned food or nutrition activities?				
Do families receive information on center nutrition and physical activity policies when they enroll?				
Do participants with special needs have their nutrition and physical activity needs provided for while they are in care?				

10. FINDINGS

✓ **LAST REVIEW:** List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a ☐

Have required changes from previous review(s) been maintained? Y ☐ N ☐ (if no, explain):

THIS REVIEW:

Good management practices observed:

Recommendations:

Required changes from this review: Check if n/a ☐
☐ Check here if any serious deficiencies were found. Identify which findings were serious deficiencies:

Corrective action plan to address required changes:
Check if n/a ☐

If this review was due to block claim, describe findings/resolution: Check if n/a ☐

Reviewer Signature:

Center Staff Signature:

*"Key staff" that must receive yearly CACFP training are private for-profit center owners, staff with CACFP responsibilities including but not limited to administrative and foodservice staff, site monitors, all teachers/staff with mealtime responsibilities, and volunteers or board members with primary CACFP mealtime and/or decision-making responsibilities pertaining to the claim.